



Sand and Gravel General Permit Portable Facility Notification of Intent to Begin Operation

At _____ on _____
(site name) (proposed date)

Ecology must **receive** this notification form at least ten (10) days before beginning operation at a new location. Notification must be mailed to the permit coordinator at the appropriate Ecology regional office. The appropriate regional office is the one responsible for the geographic location where the portable operation will take place (see instructions for completing this form).

Submitting this notification does not guarantee that operation may begin on the proposed start date. Ecology reserves the right to require additional information or BMPs before operation begins when the notification form is incomplete or environmental sensitivity is not sufficiently addressed.

Portable Information:

Company Name: _____ Permit No: WAG 50-_____

Portable Name: _____ SIC Code: _____

Contact Person: _____ Phone No: _____

Portable is: ☐ Concrete Batch ☐ Asphalt Batch ☐ Rock Crusher

Site Information:

Site Owner/Operator: _____

Phone No: _____ County: _____

Location Address: _____

Does Site Have Wastewater Discharge Permit? ☐ YES ☐ NO Permit No. _____

Other Activities At Site: _____

Directions From Nearest Hwy or City/Town: _____

Site Evaluation:

Proposed Begin Date: _____ Proposed End Date: _____

Estimated quantity of product that will be produced: _____

Is site within a Critical Aquifer Recharge Area? ☐ YES ☐ NO

Is site within a designated Wellhead Protection Area? ☐ YES ☐ NO

Is site within a sole source aquifer? ☐ YES ☐ NO

Site Evaluation (continued):

Wastewater Discharges:

- ☐ There will be **no discharge** of process water or mine dewatering water at this site. **All stormwater will percolate directly to ground** and will not puddle or flow in a ditch to a collection basin, drywell, drainfield or infiltration pond. **OR**
- ☐ There may be one or more discharges as described below (copy this page if necessary to identify additional discharges):

Have you developed a Monitoring Plan for this site? ☐ YES ☐ NO

For each discharge point listed below, mark all boxes that may apply to the discharge at **any time** during your operation at this site.

Discharge _____

Discharge includes: ☐ **Process Water**

☐ **Mine Dewatering Water**

☐ **Stormwater**

Discharges to: ☐ **Storm Drain System** (stormwater only)

Name of system: _____

☐ **Ground**

☐ Unlined collection basin or infiltration pond

☐ Drywell or drainfield

☐ Other _____

☐ **Surface Water** (creek, river, ditch, lake, wetland, or other water body)

Name of receiving water: _____

Tributary to: _____

Discharge _____

Discharge includes: ☐ **Process Water**

☐ **Mine Dewatering Water**

☐ **Stormwater**

Discharges to: ☐ **Storm Drain System** (stormwater only)

Name of system: _____

☐ **Ground**

☐ Unlined collection basin or infiltration pond

☐ Drywell or drainfield

☐ Other _____

☐ **Surface Water** (creek, river, ditch, lake, wetland, or other water body)

Name of receiving water: _____

Tributary to: _____

If you may discharge to a surface water body, you must also attach the following information:

- ◆ An estimate of the minimum width, depth and velocity or flow of the receiving water.
- ◆ For stormwater discharges: an estimate of the width, depth and velocity or flow of discharge that will occur as a result of a 24 hour rain event greater than 0.5 inches.
- ◆ For process water: an estimate of the maximum width, depth and velocity or flow of discharge that will occur.

Site Evaluation (continued):

Site Description (attach maps/diagrams to illustrate):

Acres (area that will be occupied including materials and stockpiles): _____

Identify general topography and land use of area (e.g. hilly, flat, industrial, undeveloped)

Identify nearby surface water bodies, ditches, storm drains _____

Best Management Practices:

Identify best management practices (BMPs) that will be used onsite to reduce pollutants in stormwater or process water discharges. Indicate with the following:

S for stormwater **P** for process water **B** for stormwater and process water

- | | | |
|------------------------------|----------------------------------|--|
| a. ____ Oil/water separator | b. ____ Management BMPs | c. ____ Collection/routing of water |
| d. ____ Spill prevention | e. ____ Lined evaporation basins | f. ____ Water recycling |
| g. ____ Infiltration basins | h. ____ Vegetation management | i. ____ Containment |
| j. ____ Detention facilities | k. ____ Overhead coverage | l. ____ Chemical Additives (attach MSDS) |
| m. Other (specify) _____ | | |

Pollution Prevention Plans:

Is your Stormwater Pollution Prevention Plan adequate for this site? ☐ YES ☐ NO

Is your Erosion and Sediment Control Plan adequate for this site? ☐ YES ☐ NO

Is the Spill Plan adequate for this site? ☐ YES ☐ NO

Site Restoration:

Describe the site condition before setting up the portable operation (e.g. vegetated, unimproved, cleared and leveled, paved): _____

Site Restoration (continued):

Describe how the site will be changed to set up the portable operation (e.g. cleared and leveled, access road developed, concrete footings added): _____

Describe what actions will be taken to restore the site when portable operation is moved out (e.g. area seeded, concrete footings removed): _____

Compliance With Other State and Local Requirements: Operation of the portable facility must also comply with any applicable SEPA, air quality, or local government requirements. By marking the box below and signing this form, the permittee declares that they have satisfied this condition.

☐ All applicable SEPA, air quality, and local government requirements are satisfied

Compliance With Permit Special Condition S2.G.3. (rock crushers only):

Mark only the box that applies to this site:

☐ Site does not require coverage ☐ Site has permit coverage
☐ Site should get coverage ☐ Site will be restored

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)

Name of Signatory (see permit general condition G20)

Signature

Date

Telephone Number

If you require this document in an alternate format, please contact the Water Quality Program at 360-407-6401(Voice) or 711 or 1-800-833-6388 (TTY).